(Submit Application, Plot Plan and Other Required Documents in Triplicate to the Eastgate District Health Center)

APPLICATION FOR HEALTH DEPARTMENT REVIEW OF BOUNDARY LINE ADJUSTMENT OR REZONE

PUBLIC HEALTH – SEATTLE &KING COUNTY ENVIRONMENTAL HEALTH DIVISION

Activity Number

Health Dept. Use Only

| Submit Application to: Eastgate District Health (| | | | | | | | | | |
|--|---|---|---|--|---|--|---|---|-----------------------------------|-------------|
| NOTE: This application is for review of property not served by public sewer. Complete the following and submit with applicable fee. □ \$345.00 plus \$115.00 per lot − Step 1 (Pre-Application) □ \$345.00 plus \$175.00 per lot − Step 2 (Final) | | | | | | | | | | |
| Check Appropriate Box: | Boundary L | ine Adjustn | nent 🗖 | | | | R | ezone 🗖 | | |
| Property Information: Lot Number/Letter Parcel No. (10 Digits) | | Street Address | | | | Co | Current | | Propose Sa Fact/A | |
| | | | | | 50 | Sq. Feet/Acreage | | Sq. Feet/Ac | reage | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| _ | 1 | _ | | | | | | | | |
| Owner | Street Address City-Zip Code | | | | | Daytime Phone | | | | |
| Agent | Street Address City-Zip Code | | | | | | | | | |
| | | City- | Zip Code_ | | | | | Daytime Pi | none | |
| The Following Information Water Supply: (Complete | | Attach a Route/Direction Map for Locating the Property | | | | | | | | |
| | Public Water Supply (Name) | D. M. I | | | | | | | | |
| | D.O.H. Public Water Supply I Source of water is located on | | r | | | | | | | |
| | Status: Is the water system in | compliance | e with all a | pplica | ble laws | s, samplin | g requi | rements, et | c.? □ Y | \square N |
| Section 2. | | | | | | | | | | |
| 1. Dim 2. Exis prop 3. Loca 4. Exis 5. Loca 6. Accu 1009 • Soil log infort K.C.B.O.H., NOTE: A separate site des NOTE: In addition to the a Is the existing Is there an add Are sewage sy I hereby certify that the inforproperty. Signature of Owner/Agent Name of Certified Designe | r/P.E. gner/P.E | s as Lot A, ashed and I proposed ea to property ace waters, te sewage s including poe document on state suffindicated for roperly? for future so trements me tion is a true | Lot B, etc. nighlighted assements a r lines; drainage r systems (e. profile descreted by a K ficient roor r lots with Y ewage systems (e.g., step) | so as a for example of the second of the sec | to match to match xisting leaves, 100 years from the estimated I the estimate of the estimate | n legal desot lines the ons; rear floody, pump tare a minimu Designer or drainfiel es: N accement? vells, etc.) | plain, flak, drain m of 3 s or a Proid d and re | oodways; nfield, mousoil log hol fessional E eserve area Y | es per lot per ngineer (P.E.). | ect |
| For Health Department U | Jse Only □ | Pre-Applic | cation Rev | iew (S | tep 1) | | J Final | Keview (St | tep 2) | |
| ☐ Approved ☐ Disapp | Date | | E.H. S | peciali | ist | | | Dis | trict Supervisor | r |
| Comments/Conditions: | | | | | | | | Date Re | ceived | |
| application for appeal to he | ny decision or final order of the ealth officer within 60 calendar oter 13.12 – Sewage Review C | r days of the | | | | ion. | | | | |